# Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
SOL DOMUS, INC.		112363700	11/30/2008	11/30/2009	
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	6 of 8 staff interviewed (75%) were able to articulate functional knowledge of participant specific information.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	3 of 3 staff files were reviewed for CPR/First Aid certification, CPI certification, background checks, and qualifications for the service provided. All met the standards mentioned with the exception that one staff file did not contain evidence of a background check.	Yes	11/14/2008
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	3 of 3 (or 100%) staff files reviewed contained documentation of Participant Specific Training.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	While the provider is documenting participant specific training, the training form does not include all of the requirements, including IPC, IPC changes, title of trainer, skin integrity, and supervision levels.	No	11/22/2008
	Emergency Drills (CARF 1.E.)	Suggestion	3 of 3 (100%) of the sites reviewed had documentation of a variety of drills being run on a variety of shifts. The documentation included follow up on concerns when concerns were noted. The provider's form does not include a formal way of documenting whether or not an evacuation took place.	No	
	Emergency Procedures during Transportation (CARF 1.E.)	Recommendation (Focused)	2 of the 3 vehicles observed contained emergency procedures.	Yes	11/14/2008

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Internal Inspections (CAR 1.E.)	RF In-compliance	3 sites were reviewed for internal inspections. All had documentation of internal inspections, per the provider's policies and per requirements, which included documentation of follow up on concerns when concerns were noted.	No
External Inspections (CAF 1.E.)	RF In-compliance	3 sites were reviewed. All sites had documentation of external inspections, including documentation of follow up on concerns when concerns were noted.	No
Progress made on prior D Survey recommendations		Except where otherwise noted in this report, the provider has made progress on all past recommendations.	No
Progress made on prior C Survey recommendations	·	Through review of current policies, the provider has addressed the recommendations from the most recent CARF survey.	No
Incident reporting standa (Wyoming Medicaid rules Chapter 45, Section 30)		6 of 8 staff interviewed (75%) were able to articulate functional knowledge of the Division's incident reporting process.	No
Incident reporting standa (Wyoming Medicaid rules Chapter 45, Section 30)		The provider's current policy meets the applicable standards.	No
Complaint and Grievance (CARF 1.D.)	In-compliance	The provider's current policy meets the applicable standards. The provider reports that there were no formal complaints or grievances filed this year.	No
Rights of Participants (Wyoming Medicaid rules Chapters 45, Section 26, Section 1)		The provider's current policy meets the applicable standards.	No
Rights of Participants (Wyoming Medicaid rules Chapters 45, Section 26, Section 1)		6 of 8 staff interviewed (75%) were able to articulate functional knowledge of participant specific rights and rights restrictions.	No

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	Behavior Plans (Chapter 45, Section 29)	Suggestion	Four PBSPs were reviewed, and with the exception of findings noted in other areas of this report, the plans met the applicable standards. The provider is encouraged to continue to work with the Division and other resources to ensure plans and content are developed per the standards, that all involved staff receive thorough and ongoing training, and that plans are consistently monitored for progress, changes, and updates when needed.		
	Restraint standards (Chapter 45, Section28)	Recommendation (Focused)	The reviewed policy and procedure met applicable standards; however, through documentation review, it was found that the provider is not implementing the policy in the following area:  Despite having tracking of restraint usage, the provider did not provide evidence of the required data analysis, including the following: *Analysis of patterns of use *History of use by personnel *Contributing environmental and precipitating factors *Assessment of program design contributing factors.	No	11/22/2008
	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	3 vehicles were reviewed and in the vehicle at group home #1, the fire extinguisher was not secured.	Yes	11/14/2008
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Focused)	Participant 7 requires suctioning of trach on a PRN basis; however, the provider does not have evidence of a plan to provide this care in all service environments.	No	11/22/2008
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Focused)	Per ISC interview, Participant 5 is having material possessions taken away, which is not reflected in his behavior plan.	No	11/22/2008

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Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Suggestion	Per review of Behavior Frequency Charts, including Participant 2, it was found that there is no documentation for communicating the specific consequences, such as a restriction. The provider is encouraged to revise current documentation methods to include the outcome of implementation of the behavior plan following illicited behaviors so that results can be easily communicated and tracked throughout the team, including direct care staff.	No	
Releases of Information (CARF 2.B.)	Recommendation (Focused)	6 files were reviewed. In Participant 6's file, documentation indicated verbal permission to release information with no formal written release present.	No	11/22/2008
Emergency Information (CARF 2.B.)	In-compliance	6 of 6 files reviewed (100%) contained thorough and complete emergency information.	No	
Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	Recommendation (Systemic)	In 3 of 5 applicable files reviewed (60%), documentation of objective tracking was present.	No	11/22/2008
Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF	6 files were reviewed. Participant 1's Residential and Day Habilitation documentation did not meet the documentation standards for billing, including missing signatures and times in and out. Participant 1's ISC documentation for August and September 2008 contained the same identical narrative. Participant 2's ISC documentation for January and April 2008 contained the same identical narrative. Participant 5's Respite documentation for January 2008 indicated 286 units, while 290 were billed. In March 2008, 260 units were documented and 261 were billed. This documentation will be referred for review and possible recovery.	No	

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Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Suggestion	6 of 6 files were reviewed, and with the exception of where otherwise noted in this report, case manager monthly/quarterly documentation was present and met minimum applicable standards. The provider is encouraged to consider a formal system to ensure a full reflection of services, findings, and follow up.	No	
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	In 6 of 6 files reviewed (100%), team meeting notes were present and met minimum applicable standards.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Focused)	During the past plan year, the documentation reviewed indicates that Participant 6 is receiving case management as the only waiver service. ISC documentation does not indicate how or whether the ISC and team are assisting the participant in developing and accessing services and providers.	No	11/22/2008
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Systemic)	Case management documentation for Participants 1, 2, 4, and 5 contained deficiencies in the documentation, including lack of follow-up on concerns, not having clear documentation of monitoring/observation of other services, and not ensuring that incident reports were documented when appropriate.	No	11/22/2008
Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	In-compliance	3 sites were observed with no health and safety concerns noted.	No	

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	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	Through observation, interviews, and documentation review, the organization meets these standards.	No	
	The organization meets the standards in Chapter 45, section 23)	In-compliance	Through observation, interviews, and documentation review, the organization meets these standards.	No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	This provider continues to offer a variety of community integration opportunities that are individualized and small in group size to meet participant interests and preferences. Many participants expressed satisfaction with this aspect of their services.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	Suggestion	While the organization is meeting these standards, the provider is encouraged to assist participants in expanding community employment opportunities and accessing resources such as DVR.	No	
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	The provider was found to maintain a healthy and safe environment with the exception of the following: Gillette - Expired medications were present in the First Aid cabinet in nursing, and unsecured medication was also present. Participant names, along with private medical information, was posted in a common hallway.	Yes	11/14/2008
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	Through observation, interviews, and documentation review, the organization meets these standards.	No	

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Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-compliance	There were no health and safety concerns noted during the observation of the respite rooms in the Gillette group home.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Respite documentation was reviewed and met applicable standards except where otherwise noted in this report.	No	

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